

CMS Data Collection Sheet for Emergency Response

BACKGROUND

The Centers for Medicare & Medicaid Services (CMS) issued a final rule that includes updates to policies and conditions of participation for emergency preparedness. Regional healthcare partners collaborated with local emergency preparedness officials to ensure an integrated response during a disaster or emergency situation. Specifically, Hospice Care, Home Health Services and End-Stage Renal Disease Facilities have a CMS Condition of Participation requirement to develop a procedure to “inform local emergency preparedness officials about patients in need of evacuation from their residences at any time due to an emergency situation based on the patients’ medical and psychiatric condition and home environment.”ⁱ

This procedural document offers the means of providing information about the general condition and location of patients under the facility’s care. Furthermore, for hospice patients, it provides the “means for providing information about the hospice’s inpatient occupancy, needs and its ability to provide assistance to the local emergency management authority having jurisdiction.”ⁱⁱ

In the event of an emergency, local emergency management officials would have a desire to know the needs of the community to have the greatest ability to plan staffing for evacuation assistance. Specifically for this patient population, the submittal of information from the facilities helps to meet this need. However, first responders are trained to immediately assess the needs of patients and do so daily as part of their work in the EMS system.

With that, this procedural document identifies the most basic information that will be accessible to all facilities immediately, without a chart review or direct communication with patient or nurse. Additional information, such as patient mobility, life-saving equipment utilized and any special needs could be compiled and sent to emergency management officials at a later time during the emergency to ensure there is no delay in sending the initial census data.

PROCEDURE – INITIAL PATIENT INFORMATION

In the event a facility becomes aware of a disaster or emergency occurring in the region, facility staff should immediately pull their patient census. At no time should a facility send the census without a direct request from the Regional Emergency Operations Center Medical Unit Leader (MUL).

When requested by the MUL, facilities will be expected to submit their data in Excel or compatible format within 30 minutes. The variables to be included are:

- Submitting Agency Name
- Patient Name
- Patient Medical Record Number
- Patient Street Address
- Patient State

- Patient Zip Code
- Patient Phone Number(s)
- Patient Triage Levelⁱⁱⁱ
- Patient Diagnosis^{iv}

Initial data submitted will be accessible to emergency management officials in the Regional Emergency Operations Center. The MUL representative will combine the Excel documents for the submitting agencies into a master document. The master document will be provided to Geographic Information System (GIS) representatives to geocode the patient addresses in the incident maps. This process will allow GIS representatives, at the direction of the Incident Commander, to immediately identify patient addresses within an anticipated evacuation zone. Due to delays in submission and the process for mapping, first responders in the field may not immediately have access to the information.

SUBSEQUENT PATIENT INFORMATION

A second set of submitted data related specifically to patient care needs would be of value to the American Red Cross or other Agency that is operating the community shelters. Patients may not be at an acuity level that is appropriate to evacuate to a medical facility but rather to a community shelter. This second set of data will only be submitted by request of the MUL or an immediate identification of patient need. The following variables will be helpful for community shelter operations planning:

- Mobility of the patient
- Lifesaving equipment needs
- Special needs, i.e. dietary restrictions

Since this second set of data might require a chart review or communication with nurse, it is expected this will not be sent with the initial variables. The second submission will need to include the patient medical record and facility name as well to ensure a successful concatenation of the two data sets for emergency planning purposes.

ⁱ Federal Register/Vol. 81, No. 180/Friday, September 16, 2016/Rules and Regulations

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ⁱⁱⁱ If available immediately with a software system information pull

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